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Application : 09/683104 Examiner : Shaw GAU : 3737

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REV 10/04

PART B - FEE(S) TRANSMITTAL

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APR 6 2005

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CURRENT CORRESPONDENCE ADDRESS (Please Use Block 1 for any change of address)

23446 7590 01/12/2003

Kirk A. Vander Lest
McAndrews, Held & Malloy, Ltd.
500 West Madison Street, 34th Flr.
Chicago, IL 60661

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Joseph M. Butscher

(Depositor's name)

[Signature]

(Signature)

April 6, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/583,104	11/19/2001	Thomas C. Klezle III	SUB3	8647

TITLE OF INVENTION: ENHANCED GRAPHIC FEATURES FOR COMPUTER ASSISTED SURGERY SYSTEM

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/>	\$1400	\$300	\$1700	04/12/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SHAW, SHAWNA JEANNINE	3737	600-427000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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McAndrews, Held &

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CE MEDICAL SYSTEMS GLOBAL
TECHNOLOGY COMPANY, LLC

WAUKESHA, WISCONSIN

Please check the appropriate assignor category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 070845 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 6, 2005

Typed or printed name

Joseph M. Butscher

Registration No. 48,326

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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